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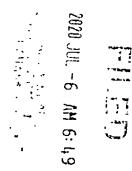
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## **COVER LETTER**

TO:

Registration Section

Division of Cor	rporations		
	CATION HOME LLC		•
SUBJECT:			
•	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	IZI PINHO		
		Name of Person	
	PINHO LAW, PLLC		
		Firm/Company	
	6965 PIAZZA GRANDE.	AVENUE	
	· · · · · · · · · · · · · · · · · · ·	Address	<del></del>
	ORLANDO, FL 32835		
		City/State and Zip Code	
	IZI@PINHOLAW.COM		<u> </u>
		to be used for future annual report no	tification)
	oncerning this matter, please c		
IZI PINHO		321 209-8282	
Name o	f Person	at ()	me Telephone Number
Enclosed is a check for th	ne following amount:		•
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Elling Epp
= 323.00 Tillig Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	
Tallahassee, I			oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAN VACATION HOME LLC		. 629
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records.) la Limited Liability Company)	= 11
The Articles of Organization for this Limited Liability ( Elorida document number L20000080598	Company were filed on MARCH 12, 2020	and assigned;
This amendment is submitted to amend the following:		· · · · · · · · · · · · · · · · · · ·
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
Articles of Organization for this Limited Liability Company were filed on L20000080598  ida document number L20000080598  is amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  er new principal offices address, if applicable:  Incipal office address MUST BE A STREET ADDRESS)  er new mailing address, if applicable:  illing address MAY BE A POST OFFICE BOX)  f amending the registered agent and/or registered office address on our records, enter the name of the new registered and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		
·		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter the</u>	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	<del></del>
		a
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

• If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RENATA ARAÚJO SANTAROSSA MAGONI	15175 CHAPTER WAY, WINTER GARDEN, FL 34787	
			<b>=</b> Add
			□Remove
			□Change
			□Add
			□Remove
			DChange
			🗆 Add
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ffective date, if other than the an effective date is listed, the date mus lote: If the date inserted in this bl ocument's effective date on the D	iock does not meet the anni	ICADIE SIAIDIOTY Himo re-	(optional) han 90 days after filing.) Purso quirements, this date will n	uant to 605.0207 (3 ot be listed as the
record specifies a delayed effectiv is filed.	e date, but not an effective	time, at 12:01 a.m. on th	ne carlier of: (b) The 90th	day after the
JULY, 01	2020			
ated	,	·		
	1.0.			
	Azi Pin Signature of a member or aut	horized representative of a	member	<u>.</u>

Filing Fee: \$25.00